



RI Department of Health  
3 Capitol Hill, Room 104  
Providence, RI 02908-5097  
[www.health.ri.gov](http://www.health.ri.gov)

# RI Department of Health

## Application and Instructions for:

Lead Hazard Control Firm

**DO NOT DUPLICATE THIS FORM**  
**PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health  
Office of Health Professionals Regulation  
Room 104 - 3 Capitol Hill  
Providence, RI 02908-5097

1. \$40.00 (forty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

<b>Required Documentation</b>	(A) Copy of Lead Safe Remodeler/Renovator Training Certificate
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:  
<https://healthri.mylicense.com/Verification>

**State of Rhode Island and Providence Plantations  
Department of Health**

**Firm Name:**

This is the legal entity in whose name the license should be issued and who is legally responsible.

Name: \_\_\_\_\_

**Designated Lead Safe Remodeler/Renovator Name and License Number**

Prefix First Name Last Name Suffix  
(Mr/Mrs/Dr.) (Jr/III)

LRM Number \_\_\_\_\_

**Firm Mailing Information:**

Please provide the mailing information for all communication regarding this license.

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Firm Location Information:**

Please provide the location information for all communication regarding this license.

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Ownership Type:**

Please check ONE

This structure should be the same that the applicant used to register with the RI Contractors' Registration Board

☐ Corporation

☐ Limited Liability Company

☐ Governmental Entity

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Partner

**Ownership Information:**

Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.

Name: \_\_\_\_\_

DBA: \_\_\_\_\_

<b>Ownership Address Information:</b>  Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, Zipcode _____ Phone: _____ Fax: _____ Email Address: _____															
<b>License/Authorization in other Jursidictions</b>	Indicate all other federal, state or local jurisdictions in which the applicant currently holds a lead hazard control firm license or other authorization to perform lead hazard control. <b>Attach copies of all such licenses and/or authorizations.</b> _____ <input type="checkbox"/> <b>Check if Not Applicable</b>															
<b>Enforcement Actions in Other Jurisdictions:</b>  <b>If yes, to any of these questions please attach a description of all details including, as a minimum, copies of all enforcement correspondence, applicant's response and Administrative Orders issued.</b>	<ol style="list-style-type: none"> <li>Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend a lead hazard control firm license and/or other authorization to perform lead hazard control held by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controls/controlled by the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals?  <input type="checkbox"/> Yes <input type="checkbox"/> No         </li> <li>Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties in conjunction with any lead hazard control activity performed by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controls/controlled the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals?  <input type="checkbox"/> Yes <input type="checkbox"/> No         </li> <li>Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any lead hazard control activity performed by the applicant, by a company owned or otherwise controlled by the applicant, by a company that owns/owned or otherwise controls/controlled the applicant, or by a company in which any of the applicant's officers or principals were also officers and/or principals?  <input type="checkbox"/> Yes <input type="checkbox"/> No          _____          _____          _____       </li> </ol>															
<b>SSN/FEIN:</b>  (Social Security Number/Federal Employer Identification Number)	Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. <table border="1" data-bbox="477 1268 1110 1318"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															
<b>Affidavit of Applicant</b>  Read, sign, and date this affidavit.  <b><u>This Application Must be Signed by the Applicant</u></b>	<p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____  <b>Signature</b> <span style="float: right;">_____  <b>Date of Signature (MM/DD/YY)</b></span> </p>															